

**STATE OF MICHIGAN
CENTRAL ANNUAL LEAVE DONATION BANK
DONATION FORM**

NOTE: THIS FORM IS FOR USE BY ALL BARGAINING UNITS WHERE THE COLLECTIVE BARGAINING AGREEMENT AUTHORIZES A CENTRAL ANNUAL LEAVE BANK **AND** ALL NON-EXCLUSIVELY REPRESENTED EMPLOYEES. ONLY ANNUAL LEAVE MAY BE DONATED. INDIVIDUAL BARGAINING UNIT CONTRACTS AND THE CIVIL SERVICE COMPENSATION PLAN SHOULD BE REFERENCED FOR ELIGIBILITY REQUIREMENTS.

A. TO BE COMPLETED BY EMPLOYEE DONATING ANNUAL LEAVE (Please print)

Name: _____ Soc. Sec. No.: _____ Employee I.D. # _____

Department: _____ Work Phone: _____

Classification/Level: _____

- Check one: ☐ I am a member of _____ bargaining unit.
- ☐ I am a managerial, supervisory, confidential, or non-exclusively represented
Business and Administrative unit employee.

I hereby agree to voluntarily donate _____ hours of my accumulated annual leave (must be in whole hour increments) to the Central Annual Leave Donation Bank. I understand that this donation is irrevocable.

Signature

Date

AFTER COMPLETING SECTION A. GIVE FORM TO TIMEKEEPER

B. TO BE COMPLETED BY APPOINTING AUTHORITY

1. I certify that this employee is in the Bargaining Unit or NERE position stated in Section A above, and has sufficient annual leave accrued to make the donation specified. I have deducted _____ hours from the employee's balance on _____ date.
2. I have calculated the total value of this donation as \$ _____ based on an hourly rate of \$ _____.

Appointing Authority Signature

Date

C. TO BE COMPLETED BY DMB/OAS

DMB/OAS has added \$ _____ to the _____ Central Annual Leave Donation Bank as authorized by the Appointing Authority.

Signature

Date

**CENTRAL ANNUAL LEAVE DONATION BANK
DONATION FORM INSTRUCTIONS**

WHO	WHAT
Section A. Donating Employee	<ol style="list-style-type: none">1. Completes Section A.2. Indicates number of hours to be donated.3. Signs Form.4. Submits form to their Human Resource Office during the open window period.
Section B. Human Resource Office	<ol style="list-style-type: none">1. Certifies that employee has sufficient hours of annual leave.2. Computes value of hours donated.3. Deducts corresponding number of hours from the employee's annual leave.4. Obtains Appointing Authority signature.5. Forwards form to DMB, Office of Administrative Services (OAS) and keeps a second copy at human resource office. After OAS posts donations (Section C., below), human resource office distributes a copy of the form to the employee and keeps the original at the human resource office.
Section C. DMB/OAS	<ol style="list-style-type: none">1. DMB/OAS posts additions to the appropriate Central Annual Leave Donation Bank. DMB/OAS keeps a copy of the form and forwards a copy to the Appointing Authority.